

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

## Helping Elect Reformers

ADDRESS (number and street)

701 Delaney Park Drive

Check if different  
than previously  
reported. (ACC)

Orlando

FL

32806

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00626234

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y

10

27

2016

through

M M / D D / Y Y Y Y Y Y

11

28

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Randolph, Susannah, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Randolph, Susannah, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12

08

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Helping Elect Reformers

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016 To: M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	2984.63	
(c) Total Receipts (from Line 19) .....	8265.00	12124.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11249.63	12124.00
7. Total Disbursements (from Line 31).....	6288.35	7162.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4961.28	4961.28
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Helping Elect Reformers

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		27		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5715.00

7265.00

(ii) Unitemized .....

2550.00

4859.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8265.00

12124.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

8265.00

12124.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

8265.00

12124.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

8265.00

12124.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	73.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	73.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	6288.35	7089.48
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6288.35	7162.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6288.35	7162.72

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8265.00	12124.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8265.00	12124.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	73.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	73.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Helping Elect Reformers**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. anderson, porter, w, , Jr.**

Mailing Address 6901 e edgewater dr.

City  
coral gables

State  
FL

Zip Code  
33133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

11 / 02 / 2016

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period

110.00

☐ Memo Item  
via ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. unitemized, unitemized, , ,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5464.00

Date of Receipt

11 / 28 / 2016

**Transaction ID : SA11AI.4304**

Amount of Each Receipt this Period

4555.00

☐ Memo Item  
unitemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. webb, janet, , ,**

Mailing Address 2626 S Gold Bar Way

City  
meridian

State  
ID

Zip Code  
83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

11 / 14 / 2016

**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period

1050.00

☐ Memo Item  
via ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5715.00

5715.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 7 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00626234</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>7-11</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>
Mailing Address    1600 E. Colonial Drive			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>
City Orlando		State FL	Zip Code 32803	<b>Transaction ID : SE.4287</b> Date of Disbursement or Obligation	
Purpose of Expenditure travel		Category/ Type	<div style="border: 1px solid black; padding: 2px;">002</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">94.23</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>ActBlue Technical Services</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>
Mailing Address    366 Summer Street			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">80.43</div>
City Somerville		State MA	Zip Code 02144-3132	<b>Transaction ID : SE.4296</b> Date of Disbursement or Obligation	
Purpose of Expenditure ActBlue fees		Category/ Type	<div style="border: 1px solid black; padding: 2px;">003</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">94.49</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">100.43</div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(a) TOTAL</b> Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Randolph, Susannah, , ,</i>			Date		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 8 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00626234       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>ActBlue Technical Services</b>				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 366 Summer Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.01</div>	
City Somerville		State MA		Zip Code 02144-3132	
Purpose of Expenditure ActBlue fees				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate: Trump, Donald, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">114.50</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>ActBlue Technical Services</b>				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 366 Summer Street				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.47</div>	
City Somerville		State MA		Zip Code 02144-3132	
Purpose of Expenditure ActBlue fees				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate: Trump, Donald, J, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">219.97</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">125.48</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Randolph, Susannah, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 08 / 2016</div>	

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 9 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00626234       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>ActBlue Technical Services</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address 366 Summer Street			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">11.12</span>	
City Somerville	State MA	Zip Code 02144-3132	<b>Transaction ID : SE.4299</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</span> 11 / 08 / 2016	
Purpose of Expenditure ActBlue fees			Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block;">003</span>	
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">231.09</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ActBlue Technical Services</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address 366 Summer Street			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>	
City Somerville	State MA	Zip Code 02144-3132	<b>Transaction ID : SE.4300</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</span> 11 / 13 / 2016	
Purpose of Expenditure ActBlue fees			Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block;">003</span>	
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">231.09</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;">11.12</span>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>
(a) TOTAL Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randolph, Susannah, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 10 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00626234</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>ActBlue Technical Services</b>			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>366 Summer Street</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.70</div>	
City <b>Somerville</b>	State <b>MA</b>	Zip Code <b>02144-3132</b>		
Purpose of Expenditure <b>ActBlue fees</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Transaction ID : <b>SE.4301</b> Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div> </div>	
Name of Federal Candidate: <b>Trump, Donald, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">194.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ActBlue Technical Services</b>			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>366 Summer Street</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.39</div>	
City <b>Somerville</b>	State <b>MA</b>	Zip Code <b>02144-3132</b>		
Purpose of Expenditure <b>ActBlue fees</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Transaction ID : <b>SE.4302</b> Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div> </div>	
Name of Federal Candidate: <b>Trump, Donald, J, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">196.32</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	102.09
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Randolph, Susannah, , ,*

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

12

08

2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 11 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00626234	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Bank of America</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2893 S Orange Ave			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
City Orlando	State FL	Zip Code 32806	Amount <span style="border: 1px solid black; padding: 2px;">22.71</span>		
Purpose of Expenditure check order		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.4284</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 10 / 2016</span>		
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">22.71</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>BuzzMaker</b>			<input type="checkbox"/> Memo Item		
Mailing Address 322 Shepherd St. NW			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 18 / 2016</span>		
City Washington	State DC	Zip Code 20011	Amount <span style="border: 1px solid black; padding: 2px;">5500.00</span>		
Purpose of Expenditure digital consulting advertising		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4288</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 18 / 2016</span>		
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5731.09</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5522.71</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Randolph, Susannah, , ,</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">12 / 08 / 2016</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 12 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00626234	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Office Depot</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2112 E. Colonial Drive			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
City Orlando	State FL	Zip Code 32803	Amount <span style="border: 1px solid black; padding: 2px;">21.70</span>		
Purpose of Expenditure supplies		Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Transaction ID : <b>SE.4286</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 14 / 2016</span>		
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">74.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Randolph, Susannah, , ,</b>			<input type="checkbox"/> Memo Item		
Mailing Address 701 Delaney Park Dr			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
City Orlando	State FL	Zip Code 32806	Amount <span style="border: 1px solid black; padding: 2px;">375.00</span>		
Purpose of Expenditure Reimbursement for Email Service Expense		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Transaction ID : <b>SE.4290</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 28 / 2016</span>		
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6106.09</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">396.70</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Randolph, Susannah, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">12 / 08 / 2016</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Helping Elect Reformers</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00626234       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Westin Swan Hotel</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address    1500 Epcot Resorts Blvd.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29.82</div>		
City Lake Buena Vista	State FL	Zip Code 32830	<b>Transaction ID : SE.4285</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure travel		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: Trump, Donald, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">52.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">29.82</div>		
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
<b>(a) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">6288.35</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Randolph, Susannah, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">08</div> / <div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>	